

## REQUEST FOR CONTINUING EDUCATION REDUCTION/EXEMPTION

## 1. GENERAL INSTRUCTIONS

**All questions should be directed to Promissor at (888) 204-6204 between the hours of 8am and 6pm Monday through Friday, EST.**

- A. **This request for a Reduction or Exemption should only be submitted by resident or borderline licensees.**
- B. Return this request to: **GEORGIA INSURANCE DEPARTMENT/Promissor, P.O. BOX 2357, ATLANTA, GA 30081-2357**
- C. This form may be photocopied for future use.
- D. This form must be filed along with license renewal form GID-101.

## 2. LICENSEE INSTRUCTIONS

Indicate whether you are requesting a Reduction or an Exemption by placing an "X" in the appropriate box. Be sure to fill out the corresponding section based on your request. Print your name as it appears on your Georgia insurance license in the boxes provided, one letter in each box. Select your license prefix by placing an "X" in the appropriate box and print your six-digit license number in the boxes provided, one number in each box. Print your SSN in the boxes provided, one number in each box. If applicable, select your professional designation by placing an "X" in the appropriate box. The licensee must **sign** this document.

**SELECT ONE REQUEST TYPE:**      ☐ REDUCTION      ☐ EXEMPTION

**LICENSEE'S NAME:**

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**LAST NAME**

**FIRST NAME**

MI SUFFIX (JR. SR.)

- |                                   |                 |                                   |                      |                                   |                      |
|-----------------------------------|-----------------|-----------------------------------|----------------------|-----------------------------------|----------------------|
| <input type="checkbox"/> AGR, BLB | Agent           | <input type="checkbox"/> LSR, LSB | Limited Subagent     | <input type="checkbox"/> CHR, CHB | Crop/Hail Adjuster   |
| <input type="checkbox"/> AJR, AJB | Adjuster        | <input type="checkbox"/> CNR, CNB | Counselor            | <input type="checkbox"/> SLR, SLB | Surplus Lines Broker |
| <input type="checkbox"/> PAR, PAB | Public Adjuster | <input type="checkbox"/> WCR, WCB | Workers Compensation |                                   |                      |

**LICENSEE INFORMATION:**

**LICENSE NUMBER**

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**LICENSEE SSN**

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**INDICATE YOUR RESIDENCY TYPE:** ☐ RESIDENT ☐ BORDERLINE

### 3. PROFESSIONAL DESIGNATION

**Be sure to attach proof of designation or degree.** These designations entitle you to reduced continuing education requirements. You need only complete 6 hours of continuing education per year for as long as you hold one of the designations below.

- |                               |   |                              |                                 |
|-------------------------------|---|------------------------------|---------------------------------|
| <input type="checkbox"/> CLU  | Chartered Life Underwriter                | <input type="checkbox"/> AAI | Accredited Advisor In Insurance |
| <input type="checkbox"/> FLMI | Fellow Life Management Institute          | <input type="checkbox"/> CIC | Certified Insurance Counselor   |
| <input type="checkbox"/> CEBS | Certified Employee Benefit Specialist     | <input type="checkbox"/> BBA | Risk Management and Insurance   |
| <input type="checkbox"/> CPCU | Chartered Property & Casualty Underwriter | <input type="checkbox"/> PHD | PHD in Insurance                |
| <input type="checkbox"/> ChFC | Chartered Financial Consultant            | <input type="checkbox"/> CFP | Certified Financial Planner     |

#### 4. REDUCTION REQUEST

Fill out this section **only** if you requested a Continuing Education **Reduction** in section 2 of this document. I am requesting a reduction in Continuing Education requirements as a result of:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Teaching courses in insurance related topics</b>                  | Number of hours spent on this activity: _____ |
| <input type="checkbox"/> <b>Insurance related legislative activities</b>                      | Number of hours spent on this activity: _____ |
| <input type="checkbox"/> <b>Journalism activities involving insurance related topics</b>      | Number of hours spent on this activity: _____ |
| <input type="checkbox"/> <b>Projects involving research of insurance laws and regulations</b> | Number of hours spent on this activity: _____ |

**I would like my Continuing Education Requirement hours reduced to**

11

**NOTE:** If granted, this Reduction will apply **only** to the current renewal cycle. You must still complete the standard CE requirements as usual for the next renewal cycle.

OFFICE  
ONLY

#### 4. EXEMPTION REQUEST

Fill out this section **only** if you requested a Continuing Education **Exemption** in section 2 of this document.

I am requesting an exemption in Continuing Education requirements as a result of:

- ☐ **Illness:** Attending physician must sign and attach supporting documentation.
- ☐ **Other:** Indicate why you need an Exemption and attach supporting documentation.

**NOTE:** If granted, this Exemption will apply **only** to the current renewal cycle. You must still complete your CE requirements for the next renewal cycle by your usual due date.

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I hereby certify that all the information in this form is true and correct to the best of my knowledge and belief.

SIGNATURE OF LICENSEE

**This form must be filed along with your GID-101 License Renewal Form**

Return this form to: **GEORGIA INSURANCE DEPARTMENT/Promissor • PO BOX 2357 • ATLANTA, GA 30081-2357**

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